



# FEE TRANSMITTAL

Patent fees are subject to annual revision.

## TOTAL AMOUNT OF PAYMENT

\$240

Complete if Known

Application Number	20193P 09/701229
Filing Date	November 28, 2001
First Named Inventor	El-Sherbeini, et al.
Examiner Name	
Group Art Unit	H3
Attorney Docket Number	20193P

## METHOD OF PAYMENT (Check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **13-2755**

Deposit Account Name **Merck & Co., Inc.**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	130
147	2,520	For filing a request for reexamination	
115	110	Extension for reply within first month	110
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	180	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	Request for Continued Examination (RCE)	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL(3)			\$240

08/28/2001 UEDUVIJE 00000067 132755 09701229

01 FC: 54 130.00 CH SUBTOTAL(1) \$0  
 02 FC: 15 110.00 CH

## 2. EXTRA CLAIM FEES

		Extra	Fee from below	Fee Paid
Total Claims	<input type="text"/>	- 20	** = 0	x \$18 = 0
Independent Claims	<input type="text"/>	- 3	** = 0	x \$80 = 0
Multiple Dependent Claims	<input type="text"/>			x \$270 =

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL(2)  \$0

## SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Michael D. Yablonsky	Reg. Number	40,407
Signature		Date	08/21/2001



Application Number:

20193P

Filing Date:

11/28/2001

First Named Inventor:

El-Sherbeini, et al.

Group Art Unit:

 

Examiner Name:

 

Attorney Docket Number:

20193P

**FIRST CLASS MAIL CERTIFICATE**

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON THE DATE APPEARING BELOW.

**MERCK & CO., INC.**

MAILED BY

Nancy J. York

DATE

Aug. 21, 2001